

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008**Open to Public Inspection**

A For the 2008 calendar year, or tax year beginning JULY 1 , 2008, and ending JUNE 30 , 20 09	
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VETERAN'S COMMUNITY EDUCATION* Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite P O BOX 390461 City or town, state or country, and ZIP + 4 DELTONA, FLORIDA 32739-0461
	D Employer identification number 56 2521215
	E Telephone number (386) 789-8247
	G Gross receipts \$ 220527.18
	F Name and address of principal officer MARION L. COTTEN, CHAIRMAN 2072 ALAMEDA DR, DELTONA, FL 32738-4874
I Tax-exempt status. <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ www.vcepinc.org	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 2005 M State of legal domicile FL	

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THIS CORPORATION IS TO PROMOTE AND COORDINATE COMMEMORATIVE AND EDUCATIONAL ACTIVITIES AND MATTERS OF COMMON INTEREST TO THE VARIOUS VETERANS' ORGANIZATIONS IN (WEST) VOLUSIA COUNTY, FLORIDA. THE EDUCATIONAL ASPECTS OF THIS ARE ACCOMPLISHED THROUGH THE VARIOUS EVENTS (SEE SCHED O)
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets
	3 Number of voting members of the governing body (Part VI, line 1a) 3 24
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0
	5 Total number of employees (Part V, line 2a) 5 0
	6 Total number of volunteers (estimate if necessary) 6 40+ 8
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0 b Net unrelated business taxable income from Form 990-T, line 34. 7b 0
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 220527.18
	9 Program service revenue (Part VIII, line 2g) 9 0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 220527.18
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 0
	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 0
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 17 182810.41
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 182810.41 19 Revenue less expenses. Subtract line 18 from line 12 19 37716.77
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 50807.07
	21 Total liabilities (Part X, line 26) 21 0
	22 Net assets or fund balances. Subtract line 21 from line 20 22 50807.07

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here Signature of officer MARION L. COTTEN, CHAIRMAN Type or print name and title	Date 2/15/2010
Paid Preparer's Use Only Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2008)***PARTNERSHIP FOR WEST VOLUSIA, INC. (VCEP, INC)**

915-37

SCANNED MAR 11 2010

Part III Statement of Program Service Accomplishments (see instructions)

- 1** Briefly describe the organization's mission:
PLEASE SEE PART I, LINE 1

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ?) (Expenses \$ **179627.98** including grants of \$ **0**) (Revenue \$ **214779.18**)
THE CORPORATION COMPLETED THE CONSTRUCTION, FURNISHING AND OPENING OF THE DELTONA VETERANS MUSEUM AT DELTONA VETERANS MEMORIAL PARK LOCATED AT THE INTERSECTION OF EVARD AVENUE AND ELKCAM BOULEVARD IN DELTONA, FLORIDA. THE MUSEUM'S DEDICATION AND GRAND OPENING WAS CONDUCTED ON SUNDAY, MAY 24, 2009. OPEN ON SATURDAYS (11:00 AM - 4:00 PM) AND SUNDAYS (1:00 PM - 4:00 PM). THE MUSEUM WAS VISITED BY OVER 1,000 FOLKS DURING THIS REPORTING PERIOD - - AND IS WELL REGARDED AS AN EDUCATIONAL SOURCE WITHIN THE COMMUNITY. THERE IS NO ADMISSION CHARGE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
SEE PART I, LINE 1

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		✓
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		✓
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	✓	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	✓	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		✓
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	✓	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	✓	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	N/A
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	N/A
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	N/A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	N/A
6a	Did the organization solicit any contributions that were not tax deductible?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N/A
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	N/A
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	✓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	N/A
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N/A
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	N/A

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	1a	24
b Enter the number of voting members that are independent	1b	0
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	✓
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	✓
6 Does the organization have members or stockholders?	6	✓
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	✓
b Each committee with authority to act on behalf of the governing body?	8b	N/A
9a Does the organization have local chapters, branches, or affiliates?	9a	✓
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	✓
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	✓

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	N/A
13 Does the organization have a written whistleblower policy?	13	✓
14 Does the organization have a written document retention and destruction policy?	14	✓
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	N/A
b Other officers or key employees of the organization?	15b	N/A
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	✓
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	N/A

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **FLORIDA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **SEE SCHEDULE O**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

[illegible]

Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► **NONE**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		✓
4		✓
5		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
AL LOCKREM CONSTRUCTION, 1876 CONCERT RD, DELTONA, FL 32738	BUILDING CONTRACTOR	145243.58

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► **ONE (1)**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	10.00				
	c Fundraising events	1c	0				
	d Related organizations	1d	5450.00				
	e Government grants (contributions).	1e	122330.68				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	92846.50				
	g Noncash contributions included in lines 1a-1f: \$		65817.32				
	h Total. Add lines 1a-1f ▶			220527.18			
Program Service Revenue	2a NONE		Business Code				
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			0			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			0	0	0
4 Income from investment of tax-exempt bond proceeds ▶				0	0	0	0
5 Royalties ▶				0	0	0	0
		(i) Real	(ii) Personal				
6a Gross Rents		0	0				
b Less: rental expenses		0	0				
c Rental income or (loss)		0	0				
d Net rental income or (loss) ▶				0	0	0	0
		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory		0	0				
b Less: cost or other basis and sales expenses		0	0				
c Gain or (loss)		0	0				
d Net gain or (loss) ▶				0	0	0	0
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 a			0				
b Less: direct expenses b			0				
c Net income or (loss) from fundraising events ▶				0	0	0	0
9a Gross income from gaming activities. See Part IV, line 19 a			0				
b Less: direct expenses b			0				
c Net income or (loss) from gaming activities ▶				0	0	0	0
10a Gross sales of inventory, less returns and allowances a			0				
b Less: cost of goods sold b		0					
c Net income or (loss) from sales of inventory ▶			0	0	0	0	
Miscellaneous Revenue		Business Code					
11a NONE							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶			0				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			220527.18	0	0	0	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	0	0	0	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	0	0	0	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0	0	0	0
f Investment management fees	0	0	0	0
g Other	0	0	0	0
12 Advertising and promotion	2088.38	0	2088.38	0
13 Office expenses	1875.80	0	1875.80	0
14 Information technology	2604.54	0	2604.54	0
15 Royalties	0	0	0	0
16 Occupancy	0	0	0	0
17 Travel	20.00	0	20.00	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	980.47	0	980.47	0
23 Insurance	1155.96	0	1155.96	0
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACTS (BLDG CONST)	145243.58	0	145243.58	0
b EQUIPMENT & FURNISHINGS	22443.48	0	22443.48	0
c OPERATIONS (MUSEUM)	4796.24	0	4796.24	0
d STATE FEES	136.25	0	136.25	0
e MISCELLANEOUS	1465.71	0	1465.71	0
f All other expenses N/A	0	0	0	0
25 Total functional expenses. Add lines 1 through 24f	182810.41	0	182810.41	0
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	NOT	1	23686.99
	2 Savings and temporary cash investments	AVAILABLE -	2	0
	3 Pledges and grants receivable, net	SEE	3	0
	4 Accounts receivable, net	SCHEDULE	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	"0"	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges		9	0
	10a Land, buildings, and equipment: cost basis 10a 25625.23			
	b Less: accumulated depreciation. Complete Part VI of Schedule D 10b 980.47	0	10c	24645.16
	11 Investments—publicly traded securities	NOT	11	0
	12 Investments—other securities. See Part IV, line 11	AVAILABLE	12	0
	13 Investments—program-related. See Part IV, line 11	SEE SCHED	13	0
	14 Intangible assets	"0"	14	0
	15 Other assets. See Part IV, line 11		15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)		16	48332.15	
Liabilities	17 Accounts payable and accrued expenses		17	0
	18 Grants payable		18	0
	19 Deferred revenue		19	0
	20 Tax-exempt bond liabilities		20	0
	21 Escrow account liability. Complete Part IV of Schedule D		21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	0
	24 Unsecured notes and loans payable		24	0
	25 Other liabilities. Complete Part X of Schedule D		25	0
	26 Total liabilities. Add lines 17 through 25		26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	0
	28 Temporarily restricted net assets		28	0
	29 Permanently restricted net assets		29	0
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	48332.15
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	0
	32 Retained earnings, endowment, accumulated income, or other funds		32	0
	33 Total net assets or fund balances		33	48332.15
34 Total liabilities and net assets/fund balances	50807.07	34	48332.15	

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		✓
2b		✓
2c		✓
3a		✓
3b		✓

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

VCEP, INC

Employer identification number

56

2521215

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		✓
11g(ii)		✓
11g(iii)		✓

h Provide the following information about the organizations the organization supports.

[illegible]

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	6933.33	38400.92	SEE PT IV	220527.18	265861.18
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	SEE PT IV	0	0
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	SEE PT IV	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	SEE PT IV	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	SEE PT IV	SEE PT IV	SEE PT IV
6 Total. Add lines 1-5	0	6933.33	38400.92	SEE PT IV	220527.18	265861.18
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	SEE PT IV	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0	0	0	SEE PT IV	0	0
c Add lines 7a and 7b	0	0	0	SEE PT IV	0	0
8 Public support. (Subtract line 7c from line 6)						265861.18

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	6933.33	38400.92	SEE PT IV	220527.18	265861.18
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	SEE PT IV	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	SEE PT IV	0	0
c Add lines 10a and 10b	0	0	0	SEE PT IV	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	SEE PT IV	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	SEE PT IV	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)						265861.18
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

- 19a 33⅓% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐
- b 33⅓% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

m42

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART III, SECTIONS A & B, COLUMN (d) -- WE HAVE NO DATA FOR THIS FISCAL YEAR. THIS IS DUE TO THE LOSS OF OUR 990 FOR THE PERIOD JULY 1, 2007, THRU JUNE 30, 2008, WHEN MOVING OUR FILES FROM A HOME OFFICE TO THE DELTONA VETERANS MUSEUM IN APRIL OR MAY, 2009. WE REQUESTED A COPY OF THE RETURN FROM THE IRS ON/ABOUT SEPTEMBER 16, 2009 -- AND RECEIVED A REPLY (THAT IRS WAS UNABLE TO PROVIDE THE REQUESTED COPY) THAT WAS MAILED FROM OGDEN, UTAH ON OCTOBER 16, 2009. COPIES OF THE REQUEST AND THE IRS RESPONSE ARE PROVIDED AFTER SCHEDULE "O" OF THIS RETURN.

PART III, LINE 5, COLUMN (e) -- OUR AGREEMENT WITH THE CITY OF DELTONA PROVIDES FOR OUR FREE OCCUPANCY OF THE DELTONA VETERANS MUSEUM BUILDING, BUT MAKES NO MENTION OF THE VALUE OF THAT OCCUPANCY.

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	
d Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
n Sharing of paid employees		<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	AMERICAN LEGION POST 255 & AUXILIARY (CASH CONTRIBUTION & MUSEUM DISPLAY CABINET)	c & r	1850.00
(2)	MILITARY ORDER OF THE PURPLE HEART CH 316 (MUSEUM DISPLAY CABINET)	r	800.00
(3)	AMERICAN LEGION POST 127 (CASH CONTRIBUTION)	c	1150.00
(4)	KOREAN WAR VETERAN'S ASSOCIATION (CASH CONTRIBUTION)	c	900.00
(5)	MILITARY OFFICERS CLUB OF VOLUSIA COUNTY (CASH CONTRIBUTION)	c	350.00
(6)	UNITED STATES MARION CORPS LEAGUE, INC. (CASH CONTRIBUTION)	c	400.00

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
DISABLED AMERICAN VETERANS CHAPTER 92, 301 WEST BLUE SPRINGS					
AVE, ORANGE CITY, FL 32763, EIN NOT AVAILABLE	VET'S ORG.	FL	501(c)(19)		D.A.V.
KOREAN WAR VETERAN'S ASSOCIATION CHAPTER 153, P.O. BOX 4,					
CASSADAGA, FL 32706, EIN UNKNOWN	VET'S ORG.	FL	501(c)(19)		K.W.V.A.
MILITARY OFFICERS CLUB OF VOLUSIA COUNTY, 2072 ALAMEDA DRIVE					
DELTONA, FL 32738-4874, EIN 57-1205331	VET'S ORG.	FL	501(c)(19)		M.O.A.A.
MILITARY ORDER OF THE PURPLE HEART CHAPTER 316, 1812 S HOUSTON					
DRIVE, DELTONA, FL 32738, EIN 59-2861840	VET'S ORG.	FL	501(c)(19)		M.O.P.H.
POLISH LEGION OF AMERICAN VETERANS POST 204, % MICHAEL					
SKRYPCZAK, 1745 BAVON DRIVE, DELTONA, FL 32725, EIN UNKNOWN	VET'S ORG.	FL	501(c)(19)		P.L.A.V.
UNITED STATES MARINE CORPS LEAGUE, INC., P.O. BOX 390772, DELTONA,					
FL 32739-0772, EIN 59-3719569	VET'S ORG.	FL	501(c)(19)		U.S.M.C.L., INC.
VETERANS OF FOREIGN WARS POST 8093, 321 SOUTH HWY 17-92, DeBARY,					
FL 32713, EIN 59-6162543	VET'S ORG.	FL	501(c)(19)		V.F.W.
V.F.W. POST 10096, P.O. BOX 5472, DELTONA, FL 32728-5472					
EIN UNKNOWN HAS SINCE BEEN ABSORBED INTO V.F.W. POST 8093	VET'S ORG.	FL	501(c)(19)		V.F.W.
VETERANS OF THE BATTLE OF THE BULGE CHAPTER 18, % MICHAEL					
SKRYPCZAK, 1745 BAVON DRIVE, DELTONA, FL 32725, EIN UNKNOWN	VET'S ORG.	FL	501(c)(19)		V.B.B.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

VCEP, INC

Employer identification number

56 : 2521215

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ 0

(ii) Assets included in Form 990, Part X ► \$ 0

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ 0

b Assets included in Form 990, Part X ► \$ 0

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☒ Public exhibition
b ☒ Scholarly research
c ☒ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c 0
d Additions during the year	1d 0
e Distributions during the year	1e 0
f Ending balance	1f 0

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	N/A		0
b Buildings	0	N/A	0	0
c Leasehold improvements	0	N/A	0	0
d Equipment	25625.63	COST	980.47	24645.16
e Other	0	N/A	0	0
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				24645.16

Part VII **Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Financial derivatives and other financial products	0	N/A
Closely-held equity interests		
Other NONE		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
NONE	0	N/A
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
NONE	0
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)	

Part X **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	0
NONE	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ►	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PARTS I & II - NOT REQUIRED

PART III, LINES 1 & 2 - THIS CORPORATION, WHILE HAVING RECEIVED MANY ITEMS FOR DISPLAY IN OUR MUSEUM, HAS NOT AND DOES NOT HAD/HAVE THE RESOURCES NECESSARY TO ESTIMATE THE MONETARY VALUE OF OUR COLLECTION FOR THIS RETURN. HOWEVER, WE DO INTEND TO DO SO WHEN AND IF THE RESOURCES BECOME AVAILABLE.

PART III, LINE 4 - OUR COLLECTION CONSISTS OF MILITARY MEMORABELIA FROM THE REVOLUTIONARY AND CIVIL WARS, WORLD WARS I & II, THE KOREAN & VIET-NAM WARS, AND THE GULF (1990'S) AND CURRENT WARS IN IRAQ

Part XIV Supplemental Information *(continued)*

AND AFGHANISTAN. THE COLLECTION INCLUDES ARTIFACTS (AND SOME REPRODUCTIONS OF ARTIFACTS),
WORKS OF ART (PAINTINGS, POSTERS, MAGAZINES, NEWSPAPERS, ETC.), PERIOD UNIFORMS AND ACCESSORIES,
MILITARY EQUIPMENT (INCLUDING WEAPONS FROM VARIOUS WARS), AND A LIBRARY OF MILITARY-ORIENTED
BOOKS AND AUDIOVISUAL MEDIA (INCLUDING A READING/MEDIA AREA). OUR COLLECTION FURTHERS OUR
MISSION OF EDUCATING THE GENERAL PUBLIC RELATIVE TO THE "ARMED FORCES COLLECTIVE
CONTRIBUTIONS TO OUR COUNTRY'S HISTORY" BY INCREASING THE LOCAL AVAILABILITY OF HISTORICAL FACT
IN THIS REGARD.

PARTS IV & V - NOT REQUIRED

PARTS XI, XII & XIII - NOT REQUIRED

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

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Inspection

Name of the organization

VCEP, INC

Employer identification number

56 : 2521215

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	✓		0	SEE PART II
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	✓		0	SEE PART II
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	✓		0	SEE PART II
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (CONSTRUCTION)	✓	34	57,969.32	VENDOR STATEMENTS
26 Other ► (EQUIP & FURN)	✓	6	4,150.00	ACQUISITION VALUE
27 Other ► (STORAGE UNITS)	✓	2	3,948.00	RENTAL RATES
28 Other ► (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

RE PART I, LINES 4, 18 & 22, THIS ENTITY HAS RECEIVED MANY ITEMS FOR DISPLAY IN OUR VETERANS MUSEUM, BUT
HAVE NOT HAD THE TIME OR RESOURCES TO HAVE THE COLLECTION PROPERLY EVALUATED - - NOR HAVE WE
COUNTED THE NUMBER OF DONORS.

To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions, or plans.

Department of the Treasury
Internal Revenue Service

Name of the organization

VCEP, INC

Employer identification number

95

2521215

Part I

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

[illegible]

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50087Z

Schedule N (Form 990 or 990-EZ) 2008

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-.

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a** Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?
- b** (If "Yes," provide the date of the letter. ►)
- 5a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b** If "Yes," did the organization provide such notice?
- 6** Did the organization discharge or pay all liabilities in accordance with state laws?
- 7a** Did the organization have any tax-exempt bonds outstanding during the year?
- b** Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
- c** If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

Part II **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

[illegible]

- 2 Did or will any officer, director, trustee, or key employee of the organization:**

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
- e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 2e, 7c; or Part II, line 2e; and any additional information.

PART I - NOT APPLICABLE

PART II -

LINE 1 (d) - ACTUAL COSTS INCLUDED IN PLANS, PERMITS, AND CONSTRUCTION OF THE VETERANS MUSEUM

BUILDING, INCLUDING ALL "IN-KIND" CONTRIBUTIONS.

LINE 1 (f) - CITY OF DELTONA

2345 PROVIDENCE BLVD

DELTONA, FL 32725

LINE 1 (g) - CITY GOVERNMENT

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

VCEP, INC

Employer identification number

56

2521215

PART 1, LINE 1 (CONT'D) - CONDUCTED THROUGHOUT THE YEAR. DURING THIS REPORTING PERIOD, THE HIGHLIGHT EVENT WAS THE OPENING OF OUR VETERANS MUSEUM IN DELTONA, THE CONSTRUCTION OF WHICH WAS SUPERVISED BY VCEP, INC. WITH THE CITY OF DELTONA PROVIDING MATCHING CONSTRUCTION FUNDING (UP TO \$150K). THE EVENT IS ADEQUATELY DESCRIBED IN PART III, LINE 4a. OTHER EVENTS INCLUDED COMMEMORATIONS OF V-E AND V-J DAYS, VETERANS DAY, PEARL HARBOR REMEMBRANCE DAY, TWO (2) MEMORIAL DAY OBSERVANCES - PLUS HOSTING A FLAG RETIREMENT CEREMONY ON FLAG DAY. WHILE WE DO HAVE A "DONATION JAR" AT MOST OF VCEP, INC SPONSORED EVENTS, THERE IS NO ADMISSION CHARGE, AND LIGHT REFRESHMENTS ARE PROVIDED IF APPROPRIATE. ONE (1) OF OUR MEMORIAL DAY CEREMONIES IS CONDUCTED IN COOPERATION WITH A LOCAL CEMETARY & FUNERAL HOME (DELTONA MEMORIAL GARDENS) AT THEIR CEMETARY IN ORANGE CITY, FL AND IS ALWAYS WELL-ATTENDED (WE ESTIMATE THAT ABOUT 500 CITIZENS WERE PRESENT FOR THE 2009 EVENT. ALL OF OUR EVENTS INCLUDE A FACTUAL PRESENTATION OF THE HISTORY CONNECTED WITH THE EVENT, WITH EMPHASIS BEING PLACED ON THE ROLE(S) OF UNITED STATES MILITARY SERVICES.

PART VI, SECTION A, LINE 10 - THIS FILING HAS BEEN PREPARED BY OUR CHAIRMAN AND REVIEWED BY THE VICE CHAIRMAN, AND COPIES WILL BE PROVIDED TO MEMBER ORGANIZATION REPRESENTATIVES AT THE NEXT MEETING FOLLOWING THE DATE OF THE FILING. THIS DUE TO THE UNEXPECTED COMPLICATIONS SURROUNDING THIS SUBMISSION (THE LOSS AND IRREPLACABILITY OF OUR PREVIOUS YEAR'S SUBMISSION AND THE EXTENSIVE MODIFICATION TO THE 990 FROM PRIOR YEARS).

PART VI, SECTION C, LINE 19 - WHILE OUR RECORDS ARE AVAILABLE FOR PUBLIC INSPECTION (ALTHOUGH WE HAVE NEVER HAD SUCH A REQUEST), WE ARE/WERE NOT AWARE THAT WE ARE/WERE REQUIRED TO PUBLICIZE HOW TO OBTAIN ACCESS TO SAID RECORDS, IF SUCH BE THE CASE.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

VCEP, INC

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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Inspection

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56

2521215

PART I - LINES 8 THRU 21 (PRIOR YEAR) - WE HAVE NO DATA FOR THAT FISCAL YEAR, EXCEPT FOR THE ENDING BALANCE, THAT IS VERIFIABLE. THIS IS DUE TO THE LOSS OF OUR 990 (AND THE BACK-UP PAPERWORK) FOR THE PERIOD JULY 1, 2007, THRU JUNE 30, 2008, WHEN MOVING OUR FILES FROM A HOME OFFICE TO THE DELTONA VETERANS MUSEUM IN APRIL OR MAY, 2009. WE REQUESTED A COPY OF THE RETURN FROM THE IRS ON/ABOUT SEPTEMBER 16, 2009 - - AND RECEIVED A REPLY (THAT IRS WAS UNABLE TO PROVIDE THE REQUESTED COPY) THAT WAS MAILED FROM OGDEN, UTAH ON OCTOBER 16, 2009. COPIES OF THE REQUEST AND THE IRS RESPONSE ARE PROVIDED FOLLOWING THIS SCHEDULE.

PART III - STATEMENT OF REVENUE - - IN JUNE, 2009, VCEP AGREED TO CONSIDER ALLOWING ASSOCIATE MEMBERSHIPS (NON-VOTING MEMBERSHIPS OF INDIVIDUALS AND/OR ORGANIZATIONS NOT ASSOCIATED WITH VETERAN'S ORGANIZATIONS). THE RESPONSE OF ONE (1) INDIVIDUAL WAS A CHECK FOR \$10.00 FOR AN ASSOCIATE MEMBERSHIP. OUR TREASURER ACCEPTED THE CHECK AND DEPOSITED IT IN OUR CHECKING ACCOUNT. THE \$10.00 WOULD BE RETURNED TO THE INDIVIDUAL SHOULD ASSOCIATE MEMBERSHIPS NOT BE APPROVED BY THE VOTING MEMBER ORGANIZATION'S AUTHORIZED REPRESENTATIVES.

PART VI, SECTION A, 6 - THIS ORGANIZATION'S MEMBERSHIP CONSISTS OF TWELVE (12) AFFILIATED MEMBER ORGANIZATIONS, ALL OF WHICH ARE RECOGNIZED VETERANS ORGANIZATIONS - - AND EACH OF WHICH IS AUTHORIZED TWO (2) VOTING REPRESENTATIVES.

PART VI, SECTION A, 9b - THIS ORGANIZATION HAS NO CONTROL OVER OUR AFFILIATED MEMBER ORGANIZATIONS, ALL OF WHICH ARE GOVERNED BY THEIR OWN ORGANIZATIONAL DOCUMENTS.

PART VI, SECTION C, 20 - TREASURER WILLIAM T. HICKEY AT DELTONA VETERANS MUSEUM, 1921 EVARD AVE DELTONA, FLORIDA (NOT A MAILING ADDRESS), PHONE: 386-789-8247

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

**Department of the Treasury
Internal Revenue Service**

Name of the organization

Name of the organization
VCEP, INC

Employer identification number
56 2521215

Part I Identification of Disregarded Entities

[illegible]

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
AMERICAN LEGION POST 427, 409 CASSADAGA RD, LAKE					
HELEN, FL, EIN 20-6446795	VET'S ORG	FL	501(c)(19)		AMER. LEGION
AMERICAN LEGION POST 255, P O BOX 5473, DELTONA, FL 32728					
EIN 59-3693253	VET'S ORG	FL	501(c)(19)		AMER. LEGION
AMERICAN LEGION POST 259, P O BOX 740643, ORANGE CITY, FL					
32774-0313, EIN 35-0144250	VET'S ORG	FL	501(c)(19)		AMER. LEGION
SEE CONTRIBUTION SHEET					

2008-09 DEPRECIATION SCHEDULE FOR VCEP, INC. - - EIN 56-2521215

	A	B	C	D	E	F	G
1	LINE 22	DEPRECIATION BY ITEM	PC/VALUE*	PRIOR YRS	CURRENT YR	ACCUM'D**	DEP'D VALUE***
2		A LAND (Owned by City of Deltona, Florida)	N/A	N/A	N/A	N/A	N/A
3		B BUILDINGS:					
4		1 MUSEUM BUILDING					
5		CONSTRUCTED NEW					
6		CERTIFICATE OF OCCUPANCY ISSUED 02/20/09					
7		BASIS: TOTAL CONSTRUCTION AND PRE-					
8		CONSTRUCTION COSTS	\$323,000.00				
9		NOTE. OWNERSHIP OF THE BUILDING WAS ASSUMED BY					
10		CITY OF DELTONA, FLORIDA UPON COMPLETION AND					
11		APPROVAL BY THE CITY COMMISSION OF A NEW LEASE					
12		AGREEMENT ON 3/16/09					
13		SUB-TOTAL	\$323,000.00	\$0.00	\$0.00	\$0.00	\$323,000.00
14		BUILDING OWNERSHIP ASSUMED BY THE CITY OF					
15		DELTONA, FLORIDA ON 03/15/09	(\$323,000.00)				(\$323,000.00)
16		SUB-TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17							
18	NOTE:	THE FORMULA USED IN THE FOLLOWING DEPRECIATION SCHEDULE FOR EQUIPMENT AND FURNISHINGS IS/WAS SIMPLY TO USE					
19		THE ACQUISITION COST OR VALUE DIVIDED BY THE ANTICIPATED LIFESPAN TO ARRIVE AT A FULL YEAR'S DEPRECIATION TO					
20		COMPUTE A PARTIAL YEAR'S DEPRECIATION, THE ANNUAL DEPRECIATION WAS DIVIDED BY 12 AND THE RESULTS MULTIPLIED					
21		BY THE MONTHS REMAINING IN THE FISCAL YEAR. WHEN AN ITEM WAS ACQUIRED DURING THE FIRST HALF OF A MONTH,					
22		THAT MONTH WAS INCLUDED IN THE DEPRECIATION - - WHILE ITEMS ACQUIRED DURING THE SECOND HALF WERE					
23		DEPRECIATED AS OF THE BEGINNING OF THE FOLLOWING MONTH.					

2008-09 DEPRECIATION SCHEDULE FOR VCEP, INC. - - EIN 56-2521215

	A	B	C	D	E	F	G
23	CONT'D	DEPRECIATION BY ITEM	PC/VALUE*	PRIOR YRS	CURRENT YR	ACCUM'D**	DEP'D VALUE***
24		EQUIPMENT & FURNISHINGS:					
25	1	PUBLIC ADDRESSSS SYSTEM					
26		PURCHASED NEW					
27		DATE ACQUIRED. 06/30/08					
28		BASIS PURCHASE COST	\$2,424.92				
29		DEPRECIATION: 10 YR STRAIGHT LINE					
30		PRIOR YEARS		\$0.00			
31		CURRENT YEAR. $\$2424.92/10 = \242.49			\$242.49	\$242.49	\$2,182.43
32	2	DISPLAY CASE, 6' X 18"					
33		PURCHASED NEW					
34		DATE ACQUIRED 11/20/08					
35		BASIS PURCHASE COST	\$600.00				
36		DEPRECIATION 10 YR STRAIGHT LINE					
37		PRIOR YEARS		\$0.00			
38		CURRENT YEAR $\$600.00/10 = \$60.00/12 \times 7 = \$35.55$			\$35.00	\$35.00	\$565.00
39	3	CRICUT MACHINE					
40		PURCHASED NEW					
41		DATE ACQUIRED 01/30/09					
42		BASIS ACQUISITION COST	\$253.74				
43		DEPRECIATION 10 YR STRAIGHT LINE					
44		PRIOR YEARS		\$0.00			
45		CURRENT YEAR $\$253.74/10 = \$25.37/12 \times 5 = \$10.55$			\$10.55	\$10.55	\$243.19
46	4	BOOKCASE/TV WALL UNIT					
47		PURCHASED NEW					
48		DATE ACQUIRED 02/03/09					
49		BASIS ACQUISITION COST (INCLUDES INSTAL)	\$6,000.00				
50		DEPRECIATION 10 YR STRAIGHT LINE					
51		PRIOR YEARS		\$0.00			
52		CURRENT YEAR $\$6,000.00/10 = \$600.00/12 \times 5 = \$250.00$			\$250.00	\$250.00	\$5,750.00
53	5	DISPLAY CASE, 4' X 4'					
54		DONATED NEW BY EURO-CABINETS, INC					
55		DATE ACQUIRED: 02/17/09					
56		BASIS ACQUISITION VALUE					
57		DEPRECIATION. 10 YR STRAIGHT LINE	\$800.00				
58		PRIOR YEARS		\$0.00			
59		CURRENT YEAR. $\$800.00/10 = \$80.00/12 \times 4 = \$26.68$			\$26.68	\$26.68	\$773.32
60	6	DISPLAY CASE, 8' X 4'					
61		PART DONATED BY AMERICAN LEGION POST #255					
62		DATE ACQUIRED. 02/17/09					
63		BASIS ACQUISITION COST & VALUE	\$1,500.00				
64		DEPRECIATION 10 YR STRAIGHT LINE					
65		PRIOR YEARS		\$0.00			
66		CURRENT YEAR. $\$1500.00/10 = \$150.00/12 \times 5 = \$62.50$			\$62.50	\$62.50	\$1,437.50
67	7	DISPLAY CASE, 8' X 2'					
68		DONATED NEW BY MILITARY ORDER OF THE					
69		PURPLE HEART CHAPTER #316					
70		DATE ACQUIRED: 03/07/09					
71		BASIS ACQUISITION VALUE	\$800.00				
72		DEPRECIATION 10 YR STRAIGHT LINE					
73		PRIOR YEARS		\$0.00			
74		CURRENT YEAR. $\$800.00/10 = \$80.00/12 \times 2 = \$26.68$			\$26.68	\$26.68	\$773.32
75		SUB-TOTALS	\$12,378.66	\$0.00	\$653.90	\$653.90	\$11,724.76

2008-09 DEPRECIATION SCHEDULE FOR VCEP, INC. -- EIN 56-2521215

	A	B	C	D	E	F	G
76	CONT'D	DEPRECIATION BY ITEM	PC/VALUE*	PRIOR YRS	CURRENT YR	ACCUM'D**	DEP'D VALUE***
77		SUB-TOTALS (FROM PREVIOUS PAGE)	\$12,378.66	\$0.00	\$653.90	\$653.90	\$11,724.76
78	8	CART, PLASTIC, WHEELED					
79		PURCHASED NEW					
80		DATE ACQUIRED 03/18/09					
81		BASIS ACQUISITION COST	\$159.99				
82		DEPRECIATION 10 YR STRAIGHT LINE					
83		PRIOR YEARS		\$0.00			
84		CURRENT YEAR: $\$159.99/10 = \$16.00/12 \times 3 = \$3.99$			\$3.99	\$3.99	\$156.00
85	9	CART, PLASTIC, WHEELED					
86		PURCHASED NEW					
87		DATE ACQUIRED 03/18/09					
88		BASIS ACQUISITION COST	\$159.99				
89		DEPRECIATION 10 YR STRAIGHT LINE					
90		PRIOR YEARS		\$0.00			
91		CURRENT YEAR: $\$159.99/10 = \$16.00/12 \times 3 = \$3.99$			\$3.99	\$3.99	\$156.00
92	10	CHAIR, OFFICE, SWIVEL					
93		PURCHASED NEW					
94		DATE ACQUIRED 03/18/09					
95		BASIS ACQUISITION COST	\$69.99				
96		DEPRECIATION 5 YR STRAIGHT LINE					
97		PRIOR YEARS		\$0.00			
98		CURRENT YEAR: $\$69.99/10 = \$14.00/12 \times 3 = \$3.51$			\$3.51	\$3.51	\$66.48
99	11	CHAIR, OFFICE, SWIVEL					
100		PURCHASED NEW					
101		DATE ACQUIRED 03/18/09					
102		BASIS ACQUISITION COST	\$69.99				
103		DEPRECIATION 5 YR STRAIGHT LINE					
104		PRIOR YEARS		\$0.00			
105		CURRENT YEAR: $\$69.99/10 = \$14.00/12 \times 3 = \$3.51$			\$3.51	\$3.51	\$66.48
106	12	CHAIR, OFFICE, SWIVEL					
107		PURCHASED NEW					
108		DATE ACQUIRED 03/18/09					
109		BASIS ACQUISITION COST	\$69.99				
110		DEPRECIATION: 5 YR STRAIGHT LINE					
111		PRIOR YEARS		\$0.00			
112		CURRENT YEAR: $\$69.99/10 = \$14.00/12 \times 3 = \$3.51$			\$3.51	\$3.51	\$66.48
113	13	CHAIR, OFFICE, SWIVEL					
114		PURCHASED NEW					
115		DATE ACQUIRED 03/18/09					
116		BASIS ACQUISITION COST	\$69.99				
117		DEPRECIATION: 5 YR STRAIGHT LINE					
118		PRIOR YEARS		\$0.00			
119		CURRENT YEAR: $\$69.99/10 = \$14.00/12 \times 3 = \$3.51$			\$3.51	\$3.51	\$66.48
120	14	BENCH, UPHOLSTERED, W/OUT BACK					
121		PURCHASED NEW					
122		DATE ACQUIRED: 03/18/09					
123		BASIS ACQUISITION COST	\$199.99				
124		DEPRECIATION 5 YR STRAIGHT LINE					
125		PRIOR YEARS		\$0.00			
126		CURRENT YEAR: $\$199.99/10 = \$40.00/12 \times 3 = \$9.99$			\$9.99	\$9.99	\$190.00
127		SUB-TOTALS	\$13,178.59	\$0.00	\$685.91	\$685.91	\$12,492.68

2008-09 DEPRECIATION SCHEDULE FOR VCEP, INC. -- EIN 56-2521215

	A	B	C	D	E	F	G
128	CONT'D	DEPRECIATION BY ITEM	PC/VALUE*	PRIOR YRS	CURRENT YR	ACCUM'D**	DEP'D VALUE***
129		SUB-TOTALS (FROM PREVIOUS PAGE)	\$13,178.59	\$0.00	\$685.91	\$685.91	\$12,492.68
130	15	BENCH, UPHOLSTERED, W/OUT BACK					
131		PURCHASED NEW					
132		DATE ACQUIRED: 03/18/09					
133		BASIS ACQUISITION COST	\$199.99				
134		DEPRECIATION 5 YR STRAIGHT LINE					
135		PRIOR YEARS		\$0.00			
136		CURRENT YEAR: $\$199.99/10 = \$40.00/12 \times 3 = \$9.99$			\$9.99	\$9.99	\$190.00
137	16	BENCH, UPHOLSTERED, W/OUT BACK					
138		PURCHASED NEW					
139		DATE ACQUIRED: 03/18/09					
140		BASIS ACQUISITION COST	\$199.99				
141		DEPRECIATION 5 YR STRAIGHT LINE					
142		PRIOR YEARS		\$0.00			
143		CURRENT YEAR: $\$199.99/10 = \$40.00/12 \times 3 = \$9.99$			\$9.99	\$9.99	\$190.00
144	17	BENCH, UPHOLSTERED, W/OUT BACK					
145		PURCHASED NEW					
146		DATE ACQUIRED: 03/18/09					
147		BASIS ACQUISITION COST	\$199.99				
148		DEPRECIATION: 5 YR STRAIGHT LINE					
149		PRIOR YEARS		\$0.00			
150		CURRENT YEAR: $\$199.99/10 = \$40.00/12 \times 3 = \$9.99$			\$9.99	\$9.99	\$190.00
151	18	BENCH, UPHOLSTERED, W/OUT BACK					
152		PURCHASED NEW					
153		DATE ACQUIRED 03/18/09					
154		BASIS ACQUISITION COST	\$199.99				
155		DEPRECIATION: 5 YR STRAIGHT LINE					
156		PRIOR YEARS		\$0.00			
157		CURRENT YEAR: $\$199.99/10 = \$40.00/12 \times 3 = \$9.99$			\$9.99	\$9.99	\$190.00
158	19	DISPLAY CASE, 8' X 2'					
159		DONATED NEW BY EURO-CABINETS, INC					
160		DATE ACQUIRED: 03/21/09					
161		BASIS ACQUISITION value	\$800.00				
162		DEPRECIATION 10 YR STRAIGHT LINE					
163		PRIOR YEARS		\$0.00			
164		CURRENT YEAR: $\$800.00/10 = \$80.00/12 \times 3 = \$20.01$			\$20.01	\$20.01	\$779.99
165	20	TELEPHONE SYSTEM, 2 HANDSET					
166		PURCHASED NEW					
167		DATE ACQUIRED 03/26/09					
168		BASIS ACQUISITION COST	\$69.99				
169		DEPRECIATION 5 YR STRAIGHT LINE					
170		PRIOR YEARS		\$0.00			
171		CURRENT YEAR: $\$69.99/5 = \$14.00/12 \times 3 = \$3.51$			\$3.51	\$3.51	\$66.48
172	21	CABINET, METAL, LOCKABLE, WHEELED					
173		PURCHASED NEW					
174		DATE ACQUIRED 04/02/09					
175		BASIS ACQUISITION COST	\$289.96				
176		DEPRECIATION 5 YR STRAIGHT LINE					
177		PRIOR YEARS		\$0.00			
178		CURRENT YEAR: $\$289.96/5 = \$58.00/12 \times 3 = \$14.49$			\$14.49	\$14.49	\$275.47
179		SUB-TOTALS	\$15,138.50	\$0.00	\$763.88	\$763.88	\$14,374.62

2008-09 DEPRECIATION SCHEDULE FOR VCEP, INC. -- EIN 56-2521215

	A	B	C	D	E	F	G
180	CONT'D	DEPRECIATION BY ITEM	PC/VALUE*	PRIOR YRS	CURRENT YR	ACCUM'D**	DEP'D VALUE***
181		SUB-TOTALS (FROM PREVIOUS PAGE)	\$15,138.50	\$0.00	\$763.88	\$763.88	\$14,374.62
182	22	CABINET, METAL, LOCKABLE, WHEELED					
183		PURCHASED NEW					
184		DATE ACQUIRED 04/02/09					
185		BASIS ACQUISITION COST	\$289.96				
186		DEPRECIATION: 5 YR STRAIGHT LINE					
187		PRIOR YEARS		\$0.00			
188		CURRENT YEAR $\$289.96/5 = \$58.00/12 \times 3 = \$14.49$			\$14.49	\$14.49	\$275.47
189	23	REFRIGERATOR, 4.4 CF, FRIGIDAIRE					
190		PURCHASED NEW					
191		DATE ACQUIRED 04/02/09					
192		BASIS ACQUISITION COST	\$170.98				
193		DEPRECIATION 10 YR STRAIGHT LINE					
194		PRIOR YEARS		\$0.00			
195		CURRENT YEAR $\$170.98/10 = \$17.10/12 \times 3 = \$3.54$			\$3.54	\$3.54	\$167.44
196	24	PODIUM, 20" X 14" X 42"					
197		PURCHASED NEW					
198		DATE ACQUIRED 04/02/09					
199		BASIS ACQUISITION COST	\$350.00				
200		DEPRECIATION 10 YR STRAIGHT LINE					
201		PRIOR YEARS		\$0.00			
202		CURRENT YEAR $\$350.00/10 = \$35.00/12 \times 2 = \$5.84$			\$5.84	\$5.84	\$344.16
203	25	CABINET, TELEVISION COVER/STAND, 42" X 13" X 42"					
204		PURCHASED NEW					
205		DATE ACQUIRED 04/02/09					
206		BASIS ACQUISITION VALUE	\$350.00				
207		DEPRECIATION 10 YR STRAIGHT LINE					
208		PRIOR YEARS		\$0.00			
209		CURRENT YEAR $\$350.00/10 = \$35.00/12 \times 2 = \$5.84$			\$5.84	\$5.84	\$344.16
210	26	DISPLAY CASE, 8' X 2'					
211		PURCHASED NEW					
212		DATE ACQUIRED 04/02/09					
213		BASIS ACQUISITION VALUE	\$800.00				
214		DEPRECIATION: 10 YR STRAIGHT LINE					
215		PRIOR YEARS		\$0.00			
216		CURRENT YEAR $\$800.00/10 = \$80.00/12 \times 2 = \$13.34$			\$13.34	\$13.34	\$786.66
217	27	CABINET, DISPLAY, CORNER					
218		DONATED NEW BY EURO-CABINETS, INC.					
219		DATE ACQUIRED 04/11/09					
220		DATE ACQUIRED: 04/11/09					
221		BASIS ACQUISITION VALUE	\$250.00				
222		DEPRECIATION: 10 YR STRAIGHT LINE					
223		PRIOR YEARS		\$0.00			
224		CURRENT YEAR $\$250.00/10 = \$25.00/12 \times 3 = \$6.24$			\$6.24	\$6.24	\$243.76
225	28	CABINET, DISPLAY, CORNER					
226		DONATED NEW BY EURO-CABINETS, INC.					
227		DATE ACQUIRED 04/11/09					
228		BASIS ACQUISITION VALUE	\$250.00				
229		DEPRECIATION: 10 YR STRAIGHT LINE					
230		PRIOR YEARS		\$0.00			
231		CURRENT YEAR $\$250.00/10 = \$25.00/12 \times 3 = \$6.24$			\$6.24	\$6.24	\$243.76
232		SUB-TOTALS	\$17,599.44	\$0.00	\$819.41	\$819.41	\$16,780.03

2008-09 DEPRECIATION SCHEDULE FOR VCEP, INC. -- EIN 56-2521215

	A	B	C	D	E	F	G
233	CONT'D	DEPRECIATION BY ITEM	PC/VALUE*	PRIOR YRS	CURRENT YR	ACCUM'D**	DEP'D VALUE***
234		SUB-TOTALS (FROM PREVIOUS PAGE)	\$17,599.44	\$0.00	\$819.41	\$819.41	\$16,780.03
235	29	TELEVISION, 42" LG, LCD					
236		PURCHASED NEW					
237		DATE ACQUIRED 04/15/09					
238		BASIS ACQUISITION COST	\$1,064.00				
239		DEPRECIATION 10 YR STRAIGHT LINE					
240		PRIOR YEARS		\$0.00			
241		CURRENT YEAR $\$1,064/10 = \$106.40/12 \times 2 = \$17.74$			\$17.74	\$17.74	\$1,046.26
242	18	TELEVISION, 42" LG, LCD					
243		PURCHASED NEW					
244		DATE ACQUIRED: 04/15/09					
245		BASIS ACQUISITION COST	\$1,064.00				
246		DEPRECIATION 10 YR STRAIGHT LINE					
247		PRIOR YEARS		\$0.00			
248		CURRENT YEAR $\$1,064/10 = \$106.40/12 \times 2 = \$17.74$			\$17.74	\$17.74	\$1,046.26
249	31	COMPUTER TOWER, HEWLET-PACKARD					
250		PURCHASED NEW					
251		DATE ACQUIRED 4/24/09					
252		BASIS ACQUISITION COST	\$953.60				
253		DEPRECIATION 5 YR STRAIGHT LINE					
254		PRIOR YEARS		\$0.00			
255		CURRENT YEAR $\$953.60/5 = \$190.72/12 \times 2 = \$31.78$			\$31.78	\$31.78	\$921.82
256	32	PRINTER/FAX/COPIER, HEWLET-PACKARD					
257		PURCHASED NEW					
258		DATE ACQUIRED 04/24/09					
259		BASIS ACQUISITION COST	\$144.09				
260		DEPRECIATION 5 YR STRAIGHT LINE					
261		PRIOR YEARS		\$0.00			
262		CURRENT YEAR $\$144.09/5 = \$28.82/12 \times 2 = \$4.80$			\$4.80	\$4.80	\$139.29
263	33	COMPUTER MONITOR, ASSER					
264		PURCHASED NEW					
265		DATE ACQUIRED 04/24/09					
266		BASIS ACQUISITION COST	\$169.04				
267		DEPRECIATION 5 YR STRAIGHT LINE					
268		PRIOR YEARS		\$0.00			
269		CURRENT YEAR $\$169.04/5 = \$33.81/12 \times 2 = \$5.64$			\$5.64	\$5.64	\$163.40
270	34	COMPUTER, NOTEBOOK, ASSER					
271		PURCHASED NEW					
272		DATE ACQUIRED 04/24/09					
273		BASIS ACQUISITION COST	\$291.92				
274		DEPRECIATION 5 YR STRAIGHT LINE					
275		PRIOR YEARS		\$0.00			
276		CURRENT YEAR $\$291.92/5 = \$58.37/12 \times 2 = \$9.92$			\$9.92	\$9.92	\$282.00
277	35	DISPLAY BOARD, EXTERIOR, LOCKABLE					
278		PURCHASED NEW					
279		DATE ACQUIRED 05/01/09					
280		BASIS ACQUISITION COST	\$219.54				
281		DEPRECIATION 10 YR STRAIGHT LINE					
282		PRIOR YEARS		\$0.00			
283		CURRENT YEAR $\$219.54/10 = \$21.95/12 \times 2 = \$3.68$			\$3.68	\$3.68	\$215.86
284		SUB-TOTALS	\$21,505.63	\$0.00	\$910.71	\$910.71	\$20,594.92

2008-09 DEPRECIATION SCHEDULE FOR VCEP, INC. -- EIN 56-2521215

	A	B	C	D	E	F	G
285	CONT'D	DEPRECIATION BY ITEM	PC/VALUE*	PRIOR YRS	CURRENT YR	ACCUM'D**	DEP'D VALUE***
286		SUB-TOTALS (FROM PREVIOUS PAGE)	\$21,505.63	\$0.00	\$910.71	\$910.71	\$20,594.92
287	36	DISPLAY CASE, 4' X 4'					
288		DONATED NEW BY EURO-CABINETS, INC					
289		DATE ACQUIRED 05/04/09					
290		BASIS ACQUISITION VALUE					
291		DEPRECIATION 10 YR STRAIGHT LINE	\$800.00				
292		PRIOR YEARS		\$0 00			
293		CURRENT YEAR $\$800.00/10 = \$80.00/12 \times 2 = \$13.34$			\$13.34	\$13.34	\$786.66
294	37	DISPLAY CASE, 8' X 4'					
295		PURCHASED NEW					
296		DATE ACQUIRED 05/07/09					
297		BASIS: ACQUISITION COST	\$1,500.00				
298		DEPRECIATION 10 YR STRAIGHT LINE					
299		PRIOR YEARS		\$0 00			
300		CURRENT YEAR $\$1500.00/10 = \$150.00/12 \times 2 = \$25.00$			\$25.00	\$25.00	\$1,475.00
301	38	ENTRY DIVIDER, 8'x8' (ATTACHED TO DISPLAY CASE					
302		NO. 19, ABOVE)					
303		PURCHASED NEW					
304		DATE ACQUIRED 05/07/09					
305		BASIS: ACQUISITION COST	\$800.00				
306		DEPRECIATION 10 YR STRAIGHT LINE					
307		PRIOR YEARS		\$0 00			
308		CURRENT YEAR $\$800.00/10 = \$80.00/12 \times 2 = \$13.34$			\$13.34	\$13.34	\$786.66
309	39	EXIT SWINGING DOORS, 2 EACH					
310		PURCHASED NEW					
311		DATE ACQUIRED 05/07/09					
312		BASIS: ACQUISITION COST	\$250.00				
313		DEPRECIATION 5 YR STRAIGHT LINE					
314		PRIOR YEARS		\$0 00			
315		CURRENT YEAR $\$250.00/5 = \$50.00/12 \times 2 = \$8.34$			\$8.34	\$8.34	\$241.66
316	40	CABINET, EXIT AREA, 4' x 15.5" W/DONATION BOX &					
317		SIGN OUT PODIUM					
318		PURCHASED NEW					
319		DATE ACQUIRED 05/07/09					
320		BASIS: ACQUISITION COST	\$400.00				
321		DEPRECIATION 10 YR STRAIGHT LINE					
322		PRIOR YEARS		\$0.00			
323		CURRENT YEAR $\$400.00/10 = \$40.00/12 \times 2 = \$6.66$			\$6.66	\$6.66	\$393.34
324		SUB-TOTALS	\$25,255.63	\$0.00	\$977.39	\$977.39	\$24,278.24

2008-09 DEPRECIATION SCHEDULE FOR VCEP, INC. -- EIN 56-2521215

	A	B	C	D	E	F	G
325	CONT'D	DEPRECIATION BY ITEM	PC/VALUE*	PRIOR YRS	CURRENT YR	ACCUM'D**	DEP'D VALUE***
326		SUB-TOTALS (FROM PREVIOUS PAGE)	\$25,255.63	\$0.00	\$977.39	\$977.39	\$24,278.24
327	40	CABINET, METAL, OPEN STORAGE					
328		PURCHASED NEW					
329		DATE ACQUIRED 05/27/09					
330		BASIS ACQUISITION COST	\$185.00				
331		DEPRECIATION: 10 YR STRAIGHT LINE					
332		PRIOR YEARS		\$0.00			
333		CURRENT YEAR $\$185.00/10 = \$18.50/12 \times 1 = \$1.54$			\$1.54	\$1.54	\$183.46
334	41	CABINET, METAL, OPEN STORAGE					
335		PURCHASED NEW					
336		DATE ACQUIRED: 05/27/09					
337		BASIS ACQUISITION COST	\$185.00				
338		DEPRECIATION: 10 YR STRAIGHT LINE					
339		PRIOR YEARS		\$0.00			
340		CURRENT YEAR $\$185.00/10 = \$18.50/12 \times 1 = \$1.54$			\$1.54	\$1.54	\$183.46
341		GRAND TOTALS	\$25,625.63	\$0.00	\$980.47	\$980.47	\$24,645.16
342	FINANCIAL STATEMENT DETAILS						
343		ASSETS		PC/VALUE*		ACCUM'D**	DEP'D VALUE***
344		LAND (PAGE 1)		\$0.00			\$0.00
345		BUILDINGS (PAGE 1)					
346		ORIGINAL CONSTRUCTION			\$0.00		
347		TOTAL BUILDINGS		\$0.00		\$0.00	\$0.00
348		EQUIPMENT & FURNISHINGS (PAGES 2-7)					
349		TOTAL (EQUIPMENT)		\$25,625.63		\$980.47	\$24,645.16
350		IMPROVEMENTS		\$0.00		\$0.00	\$0.00
351		TOTAL LAND, BUILDINGS, IMPROVEMENTS, AND EQUIPMENT & FURNISHINGS					\$24,645.16
352		PLUS: ENDING BANK ACCOUNT BALANCE					\$23,686.99
353		TOTAL ASSETS					\$48,332.15
354		LESS: LIABILITIES					\$0.00
355		NET ASSETS					\$48,332.15
356							
357	*Purchase Cost or Value When Acquired.						
358	**Accumulated Depreciation, including Current Year.						
359	***Depreciated Value.						